



EMPLOYMENT REFERENCE FORM

Candidate Name:

Position applied for:

Competition Reference:

Employee ID (if internal applicant):

General

Name of Referee:				Job Title of Referee:			
Employer Address): Tel: (work mobile) Email:							
Do you have any personal or familial relationship with the candidate that could present a conflict of interest or impact your objectivity?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
If yes, further information on nature of conflict of interest, if applicable:							
What is your reporting relationship to candidate (must be supervisor/ line manager)							
Capacity in which the candidate is currently, or was, employed:	Permanent	<input type="checkbox"/>	Temporary	<input type="checkbox"/>			
	Agency	<input type="checkbox"/>	Other	<input type="checkbox"/>			
Title and Grade (if applicable) of the candidate's post							
Duration of employment at current level:	From:			To:			
Did Candidate complete and pass Probation? If no, please provide details.							
Reason for leaving, if applicable: e.g. Promotion/Location/Career progression etc.							

Attendance Record

Was the candidate's attendance satisfactory?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Any issues or concerns in relation to absenteeism (*if yes please provide details below)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Details – please include no. of days / occurrences / circumstances, etc.:				

Professional Ability & Conduct

***Please note any area marked "Satisfactory" or better will infer the candidate can perform the duties of the post in a sufficiently competent manner for that specific skill area. Please do not add additional areas.**

	Very Good	Good	Satisfactory*	Unsatisfactory
--	-----------	------	---------------	----------------

Professional Competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organisational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance of Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workload Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to busy environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment and Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IT Skills				
Team Work Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality Conscious / Attention to Detail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Skills (please detail):.....				
<i>Interpersonal Conduct/communications with:</i>				
Colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managers/Supervisors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If any of the above were marked as Unsatisfactory, please provide details:				

Is/Was the candidate subject to current/active disciplinary investigation or action?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<i>If Yes, please give further information:</i>				
Was the candidate reported by your organisation to An Garda Siochana under Section 19 of the National Vetting Act?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Recommendation:

Would you re-employ this candidate and/or recommend this candidate to University of Galway as a person suitable for this particular post and service:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please provide further information: 		

Referee Signature: _____
Date: _____

PLEASE NOTE THAT INFORMATION PROVIDED BY YOU MAY BE RELEASED UNDER THE FREEDOM OF INFORMATION ACT, 2014